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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|--------------------|
| Application No. | 09/522,834 |
| Filing Date | March 10, 2000 |
| First Named Inventor | Thomas F. CALLAHAN |
| Group Art Unit | 2644 |
| Examiner Name | |
| Attorney Docket Number | 2000_0270 |

RECEIVED

To: Assistant Commissioner for Patents
Washington, DC 20231

SEP 20 2002

I hereby apply to withdraw as attorney or agent for the above identified patent application Technology Center 2600

The reasons for this request are:

The client has failed to pay bills rendered by the undersigned attorney for an unreasonable period of time.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number
OR



Place Customer Number
Bar Code Label Here

| | | | | | |
|---|--|-------|----------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Thomas F. Callahan | | | | |
| Address | University Research Engineers & Associates | | | | |
| Address | 10 Whip-Poor-Will, P.O. Box 1579 | | | | |
| City | Grantham | State | NH | ZIP | 13753-1579 |
| Country | U.S.A. | | | | |
| Telephone | (603) 863-4014 | Fax | (603) 863-7647 | | |

☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
This request is enclosed in triplicate (including any attachments).

| | |
|-----------|-----------------------------------|
| Name | Charles R. Watts, Reg. No. 33,142 |
| Signature | <i>Charles R. Watts</i> |
| Date | September 19, 2002 |

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.